## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

02-11593

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
тс	TAL CLAIMS		(Column 1)		(Column 2)		•	TYPE		OR		
TOTAL CLAIMS			17					RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
ТО	TAL CHARGEA	BLE CLAIMS	/ 7 mii	nus 20=	*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	4 m	inus 3 =	* /			X42=	42	OR	X84=	
MU	LTIPLE DEPEN	ESENT					+140=	<u> </u>		+280=		
* If	the difference	less than z	ess than zero, enter "0" in column 2				TOTAL	1117	OR	TOTAL		
	C	I AIMS AS A	MENDED - PART II					TOTAL	411	OR	OTHER	THAN
		(Column 1)	(Column 2) (Column 3)					SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* _	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		<b>ا</b> ا	+140=		OR	+280=	
								TOTAL			TOTAL	
	(Online 4)									OR	ADDIT. FEE	
	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS	1	(Colur HIGH		(Column 3)	1 6		ADDI	۱ ۱		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL <u>FE</u> E
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u>' —                                     </u>			=	] [	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=			X84=	
Ľ	FIRST PRESE	NTATION OF MI	ULTIPLE DEPENDENT		CLAIM		<b>)</b>	7.12-		OR	7,04-	
* If the entry in column 1 is less than the entry in column 2 write "0" in column 2										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE												
		mber Previously Pa iber Previously Pai					er fou	nd in the aor	ropriate box	in col	lumn 1.	